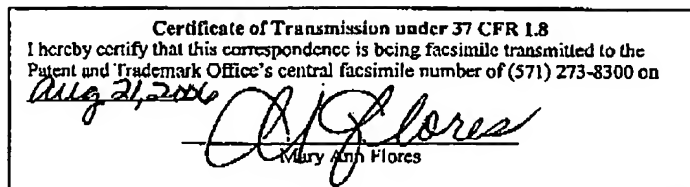


**Reply Under 37 CFR 1.116  
Expedited Procedure  
Technology Center 1624  
Docket No. 53001AUSM1**



**RECEIVED  
CENTRAL FAX CENTER  
AUG 21 2006**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of**

**Laura DUNNING et al.**

**Serial No. 10/607,530**

**: Group Art Unit 1624**

**Filed 06/26/2003**

**: Examiner Paul V. WARD**

**For: SUBSTITUTED QUINOLINE CCR5 RECEPTOR ANTAGONISTS**

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**Sir:**

**RESPONSE UNDER 37 CFR 1.116**

In response to the FINAL Office Action mailed August 10, 2006, Applicants respectfully request reconsideration of the claimed subject matter in light of the following Amendments to the Claims and Remarks.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks** begin on page 18 of this paper.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0551-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/807,530	<b>RECEIVED CENTRAL FAX CENTER AUG 21 2006</b>
	Filing Date	June 26, 2003	
	First Named Inventor	DUNNING, Laura et al.	
	Art Unit	1624	
	Examiner Name	WARD, Paul V.	
Total Number of Pages in This Submission	20	Attorney Docket Number	53001AUSM1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BERLEX BIOSCIENCES		
Signature	<i>Jacqueline S. Larson</i>		
Printed name	JACQUELINE S. LARSON		
Date	Aug. 21, 2006	Reg. No.	30,279

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Signature	<i>M. Ann Flores</i>
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Date	Aug 21, 2006

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